

4970

CERTIFICATE OF DEATH

Reg. Dist. No. 265.....

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY Somerset		MARYLAND		STATE Maryland		COUNTY Somerset	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN Crisfield		8 days		TOWN Crisfield		39	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
79 McCready Hospital				Main St., Ext.			
3. NAME OF DECEASED:				4. DATE OF DEATH:			
(First) ELIZABETH		(Middle) BEATRICE		(Last) HANDY		(Month) (Day) (Year)	
(Type or Print)						May 6, 19 55	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
female	colored	married	Nov. 28, 1934	20 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):				10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
laborer				Seafood Industry		Crisfield, Md.	
12. CITIZEN OF WHAT COUNTRY?				USA			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
Mervin Christy				Mabel White			
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
no		220-28-4566		Mervin Christy--Main St., Ext.-Crisfield, Md.			

18. MEDICAL CERTIFICATION				Interval Between Onset And Death	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
355X Immediate cause				2 day	
(a) Cerebral Hemorrhage - DUE TO					
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.				2 wk.	
(b) Expanding lesion in brain DUE TO					
(c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?	
				Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>		HOW DID INJURY OCCUR ?	
22. I hereby certify that I attended the deceased from April 24, 1955, to May 6, 1955, that I last saw the deceased alive on May 6, 1955 and that death occurred at 10:00 P.M., from the causes and on the date stated above.					
SIGNATURE		(Degree or title)		DATE SIGNED	
S. M. Peyton		M.D.		5/7/55	
23. BURIAL, CREMATION, REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
burial		May 9, 1955		Lawsonia Cemetery	
				Crisfield, Md.	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
5/9/55		Betty W. Tyler		Bradshaw & Sons-531 Main St.-Crisfield, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 12 1955
BUREAU V. S.

4971

CERTIFICATE OF DEATH

Reg. Dist. No. 04973 265

1. PLACE OF DEATH:

COUNTY Somerset

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) Crisfield

LENGTH OF STAY (in this place) lifetime

HOSPITAL OR INSTITUTION OR STREET ADDRESS

Mariners Section

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland

COUNTY Somerset

CITY (If outside corporate limits, write RURAL and give nearest town) Crisfield

STREET ADDRESS

(If rural give location)

Mariners Section

3. NAME OF DECEASED:

(First)

(Middle)

(Last)

CORNELIA

FRANCES

McCREADY

(Type or Print)

4. DATE OF DEATH:

(Month)

(Day)

(Year)

May 24

1955

5. SEX:

6. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH:

9. AGE last birthday:

If UNDER 1 YEAR

If UNDER 24 HRS.

female

white

Sept. 28, 1868

86

yrs.

Months

Days

Hours

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME:

William Rayfield

14. MOTHER'S MAIDEN NAME:

Isadore Ward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

Mariners Section

Mrs. Lon Sterling— Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death

2 wks

years

years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY ?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR ?

22. I hereby certify that I attended the deceased from Nov., 1954, to May 14, 1955, that I last saw the deceased alive on May 23, 1955, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

5-25-55

Nellie D. Payne

Bradshaw & Sons—531 Main St.—Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

MAY 31 1965

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04974

4972

CERTIFICATE OF DEATH

Reg. Dist. No. 261

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <i>Somerset</i>		MARYLAND		STATE <i>Md.</i>		COUNTY <i>Somerset</i>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN	
X TOWN <i>Marion Station</i>				TOWN <i>Marion Station</i>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
10 <i>10</i>							
3. NAME OF DECEASED:				4. DATE (Month) (Day) (Year)			
(Type or Print)		(First) (Middle) (Last)		OF DEATH:		19 <i>55</i>	
<i>Louise</i>		<i>E. Whittington</i>		<i>May 13</i>		<i>19 55</i>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<i>Fe.</i>	<i>Col.</i>	<i>married</i>	<i>Sept. 19, 1885</i>	<i>69</i> yrs.	Months	Days	Hours
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):	
<i>Cannery</i>						<i>Marion Sta., Md.</i>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<i>Jeffrey Whittington Hayman</i>				<i>Louise (R.) Ballard</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S ADDRESS:	
<i>No.</i>						<i>Mary Whittington, Marion Sta., Md.</i>	
18. MEDICAL CERTIFICATION							
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE				(A)		INTERVAL BETWEEN ONSET AND DEATH	
				<i>acute dil. of heart - anemia</i>		<i>10 days</i>	
ANTECEDENT CAUSE (S)				(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				<i>chronic myocarditis - chronic dist Nephritis</i>		<i>years</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
<i>0</i>							
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, street, office bldg., etc.)		21C. WHERE DID (City or town) (County) (State)	
						INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 3</i> , 19 <i>55</i> , to <i>May 13</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>May 10</i> , 19 <i>55</i> , and that death occurred at <i>6:00 A.M.</i> , from the causes and on the date stated above.							
SIGNATURE				ADDRESS		DATE SIGNED	
<i>Lucy C. Belknap M.D.</i>				<i>Marion Sta., Md.</i>		<i>5-14-55</i>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<i>Burial</i>		<i>May 16, 1955</i>		<i>Water Chapel</i>		<i>Marion Sta., Md. Som. Co. Md.</i>	
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<i>May 14, 1955</i>		<i>Nellie W. Payne</i>		<i>Charles H. Reid - Marion Sta., Md.</i>		<i>Box 235.</i>	

RECEIVED
MAY 10 1966

BUREAU W. S.

(5)